

Edgecombe County Health Department
2909 Main Street
Tarboro, NC 27886
Phone: (252)641-7573 Fax: (252) 823-2077

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Event Information

Event Name _____

Event Coordinator _____

Set-up Date and Time _____

Event Dates ____/____/____ Time____ Ending____/____/____ Time____

Vendor Information

Organizational/business Name_____

Contact Person _____ (Phone) () ____ - ____ (Cell) () ____ - ____

Address _____ (Fax) () ____ - ____ (Pager) () ____ - ____

City _____ State _____ Zip _____

Menu: _____

Food Sources (i.e. Supermarket or Food Distributor) _____

***Note:** If non-profit, tax exempt or political fund raising group then attach documentation for exemption consideration.

***MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED**

Applicant's
Signature _____ Date: _____

Specialist's Signature _____ Date: _____

FOR ENVIRONMENTAL HEALTH SECTION USE

_____ Permit is Required

_____ Permit is not Required-exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600

- ❖ Note: Temporary Food Establishment Permit Fee needs to be submitted with Application.
(\$75.00 per permit)
- ❖ Note: Application must be submitted at a minimum two weeks prior to event.
(\$75.00 per permit)